								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									09/	92	(O, S	571	
CLAIMS AS FILED - PART I							SMAL	LE	NTITY		OTHER	THAN	
TOTAL CLAIMS			(Columr	1)	(Column 2)		TYPE			OR	SMALL	ENTITY	
							RAT	E	FEE		RATÉ	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*		X\$ 9	)=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		*		X43	=		OR	X86=		
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				+145		<u> </u>	1	+290=		
* if	the difference	e in column 1 is	less than ze	ss than zero, enter "0" in column 2						OR			
CLAIMS AS AMENDED - PART II							TOTA	٩L	L	OR	TOTAL	TUAN	
	$\prod_{i=1}^{n}$	WILITOL.	(Colum		(Column 3)	SMA	LLE	ENTITY	OR	OTHER SMALL			
AMENDMENT A	F120	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 45	Minus	++ ++	5	= 0	X\$ 9	=		OR	X\$18=		
	Independent	* 1	Minus	*** 3		=	X43=			OR	X86=		
,	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		+145:	_		OR	+290=		
		•					TOT	AL			TOTAL		
		(Column 1)		(Colum	ın 2)	(Column 3)	ADDIT. F	EE L			ADDIT. FEE		
51		CLAIMS REMAINING AFTER AMENDMENT	s stanska	HIGHE NUMB PREVIO PAID F	ST ER USEY	PRESENT	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	#c#		= ;	X\$ 9=	=		OR	X\$18=		
	Independent	*	Minus	***		= :	X43=	1		OR	X86=	· · · · · · · · · · · · · · · · · · ·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ı	000		
							+145= TOT			OR	+290= TOTAL		
							ADDIT. FE			OR A	DDIT. FEE		
1		(Column 1) CLAIMS		(Colum		(Column 3)		<del></del>		r		٠	
MEN		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=	۱		OR	X\$18=		
	Independent	*	Minus	***		= '9	X43=	+			X86≐	0 6	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM			+		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		ber Previously Paid					found in the	appr	opriate box	in colu	mn 1.		